

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/763415

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1			
2	1				
3	2		1		
4	1				
5	1				
6	1	1			
7	1				
8	2		1		
9	1				
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CLAMS					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.					
TOTAL CLAIMS					